

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33759

State File No.

FILED SEP 23 1952

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>2371</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u> c. LENGTH OF STAY (In this place) <u>2 mos</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1001 St. Jean Drive</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u> d. STREET ADDRESS (If rural, give location) <u>1001 St. Jean Drive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>H.</u> c. (Last) <u>Siegler</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>9--11--1952</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>5--22--1893</u>	
9. AGE (In years last birthday) <u>59yrs</u>		10. MONTHS <u></u> DAYS <u></u> HOURS <u></u> MIN. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Overland, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plastering</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Contractor</u>			
13a. FATHER'S NAME <u>William Siegler</u>				13b. MOTHER'S MAIDEN NAME <u>Helen Weber</u>		14. NAME OF HUSBAND OR WIFE <u>Lulu C. Siegler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>488-14-9552</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lulu C. Siegler, Florissant, Mo.</u> ADDRESS <u></u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Obesity & Hypertension</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>10 yrs</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>19 Aug., 1952</u> to <u>11 Sept., 1952</u> , that I last saw the deceased alive on <u>9/11</u> , 19 <u>52</u> and that death occurred at <u>2 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Marion D. Bishop</u>				23b. ADDRESS <u>7518 1/2 Francis</u> <u>0 Florissant, Mo.</u>		23c. DATE SIGNED <u>12, 8 Sept</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9--13-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-10-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ferguson, Mo</u> ADDRESS <u></u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

L. M. Shulke

Licensed Embalmer No. *3993*

P. O. Address *Merquies, Ill.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.